



Town of Amherst Emergency Funds Intake Form 2013-2014 (More than one individual)

First		Middle Initial		Last		Date	
Gender [] Female [] Male		Home Address			Phone Number		
Date of Birth		US Citizen [] Yes [] No			If you currently do not live in Amherst and plan to move here what brings you to town?		
Marital Status [] Single [] Married [] Separated [] Divorced [] Widowed [] Domestic Partnership [] Other _____				Non Cash Benefits Do you receive any of the following? [] SNAP Benefits [] Mass Health [] Commonwealth Care [] Tuition Assistance [] Fuel Assistance [] Other _____			
Family Composition and Income							
How many people are over 18? _____				Do you have any dependents? If yes, how many? _____			
How many total are in your household? _____							
Please list all members living in the household below. If any of your household members are receiving any form of income please provide verifications.							
Name of family member or non-family member considered to be part of household:		Employment Income (Monthly Gross)		Other Income such as Unemployment or SSI/SSDI benefits (Monthly)		If in school, what grade and name of school?	
1)		\$		\$			
2)		\$		\$			
3)		\$		\$			
4)		\$		\$			
5)		\$		\$			
6)		\$		\$			
Total gross annual income		\$		\$			

Please mark what best describes your financial needs?				
Rental Arrears <input type="checkbox"/>	Move in cost <input type="checkbox"/>	Transportation <input type="checkbox"/>	Medical Needs <input type="checkbox"/>	Family Emergency <input type="checkbox"/>
Utility Shut-off <input type="checkbox"/>	Other: _____			
How much funds will you need to help your situation?\$ _____				
Do you have any funds to contribute, if yes how much?.....\$ _____				
Are there other resources that are helping you with funds, if yes how much?..\$ _____				
How much funds are you requesting from the Town of Amherst?.....\$ _____				

What are the circumstances of your emergency and what caused it?

Please explain how our program will help your circumstances.

What additional steps do you plan to take to address the situation?

Please list the other agencies/social service provider helping you to reach your goal?				
Agency/Organization	Date of Intake	Amount of Assistance	Outcome	Follow-up

I _____ certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury. I understand that a photocopy of this signature is as valid as the original.

Signature

Date